

1006 Quarterly Report & Resource Manual

Procedural Bulletin # 3

Purpose

To establish guidelines for the submission of the required 1006 Quarterly Files.

Submission Process

Each Post-1006 funded entity will submit files covering the information and formatting specified in the most current 1006 Quarterly Report Resource Manual (below).

Data will be for Post-1006 funding.

- Submission – due by the close of business between the 1st and 15th day after the close of a quarter (January 15th, April 15th, July 15th, and October 15th).
- If the files cannot be submitted during this timeframe, the entity must contact the Community Corrections Research Division personnel and their assigned Program Director.
- Information will be submitted electronically via Syncplicity.
- Files will not be accepted via any other data transmission methods and will be counted late/missing if they are submitted in any other method than Syncplicity.
- It is the entity's responsibility to verify, before the 1st day after the close of a quarter that access to Syncplicity is granted in order to submit on time.
- It is the entity's responsibility to verify that the files were transferred successfully.

File Specifications

- When funding is used for a specific Level Of Supervision/Program/Treatment:
 - A comma delimited (.csv) file should be submitted listing only individuals covered by Post-1006 funding during the previous quarter.
 - This file must follow the formatting specified in the 1006 Quarterly Resource Manual (see Procedural Bulletin #14D)
- File Names:
 - CountyEntityMonthCYYYYY1006A (i.e. AdamsCCOR01CY20181006A)
 - County is the County/Regional name
 - If there are names with spaces please do not include the spaces (i.e. Hoosier Hills = HoosierHills)
 - Please do not have _Tbl in the file name

- Entity is one of the following 4 letter abbreviations:
 - CCOR – Community Corrections
 - CRRP – Court Recidivism Reduction Program
 - JTSR – Jail Treatment Services
 - PROB – Probation
 - PROS – Prosecutor’s Diversion
- Month is the two digit representation of the month the report is due (01, 04, 07, 10).
- CY is a place holder for calendar year and should always remain CY.
- 1006A is a place holder for the report type and should always remain 1006A.
- YYYY is the four digit representation of the calendar year the report is being submitted (i.e. 2018).
 - Please note this is not the fiscal year.
- When funding is used for other items such as assessments, field office visits, electronic systems, personnel, etc., a Word document narrative should be submitted with the following information (this is not an all-inclusive list):
 - County
 - Entity (Community Corrections, Court Recidivism Reduction Program, Jail Treatment Services, Probation, Prosecutor’s Diversion)
 - How the funding was used during the quarter.
 - Target individuals served by funding.
 - Benefits entity is experiencing from receiving funding.
 - Goals for the next quarter.
 - Other applicable information.
 - File Naming:
 - CountyEntityMonthCYYYYY1006B (i.e. AdamsPROS01CY20181006B)
 - County is the County name
 - Entity is one of the following 4 letter abbreviations:
 - CCOR – Community Corrections
 - CRRP – Court Recidivism Reduction Program
 - JTSR – Jail Treatment Services
 - PROB – Probation
 - PROS – Prosecutor’s Diversion
 - Month is the two digit representation of the month the report is due (01, 04, 07, 10).
 - CY is a place holder for calendar year and should always remain CY
 - 1006B is a place holder for the report type and should always remain 1006B.
 - YYYY is the four digit representation of the calendar year the report is being submitted (i.e. 2018).
 - Please note this is not the fiscal year the report is for.
- All files must include data for only the previous quarter.

Accuracy of the Data

Each entity is responsible for the verification and accuracy of the .csv files. This includes checking that the information presented is correct and in the proper formatting (including data alignment in columns). Inaccurate or incomplete data may be considered during funding recommendations. Continued non-compliance of the data may result contract non-compliance under Procedural Bulletin 2-5.

INDIANA DEPARTMENT OF CORRECTION: HB1006 QUARTERLY DATA COLLECTION

FUNDED LEVELS OF SUPERVISION/PROGRAMS/TREATMENTS

SECTION I: DATA SUBMISSION SPECIFICATIONS

- Please Note: This manual only pertains to Levels Of Supervision, Programs, or Treatments directly funded by Post-1006 monies. If you have other items, such as assessments, electronic systems, personnel, etc., you will need to see Procedural Bulletin #14C for reporting requirements.
- Quarterly data files have transactional data pertaining to all participant information, current and historical, for the listed requirements in this manual. Each quarter new files will be submitted covering data for the previous quarter, providing an up-to-date view of the participant information.
 - a. The format/structure of these data pushes is detailed in the Report Format section of this resource manual.
 - b. Each funded entity (Community Corrections, Court Recidivism Reduction Program, Jail Treatment Services, Probation, Prosecutor's Diversion) must submit a separate .csv file.
 - c. All information must be filled in as specified in this manual for each individual on every line.
- Quarterly data files must be submitted on or before the fifteenth day after the closing of a quarter. Due dates are regulated by statute and cannot be changed.
 - a. Dates
 - January 15th
 - April 15th
 - July 15th
 - October 15th
- Files need to be in a comma delimited (.csv) format.
- File names **must** be formatted as
 - a. Quarterly
 - CountyEntityMonthCYYYYY1006A (i.e. AdamsCCOR01CY20181006A)
 - County is the County/Regional name
 - ♦ If there are names with spaces please do not include the spaces (i.e. Hoosier Hills = HoosierHills)
 - ♦ Please do not have _Tbl in the file name
 - Entity is one of the following 4 letter abbreviations:
 - ♦ CCOR – Community Corrections
 - ♦ CRRP – Court Recidivism Reduction Program
 - ♦ JTSR – Jail Treatment Services
 - ♦ PROB – Probation
 - ♦ PROS – Prosecutor's Diversion
 - Month is the two digit representation of the month the report is due (01, 04, 07, 10).
 - CY is a place holder for calendar year and should always remain CY
 - YYYY is the four digit representation of the calendar year the report is being submitted (i.e. 2018).
 - ♦ Please note this is not the fiscal year the report is for.
 - 1006A is a place holder for the report type and should always remain 1006A.

SECTION II: REQUIRED DATA

First Name - A participant's legal first name, as shown in agency file.

b. *This field should never be blank*

c. *Data Entry Specifications:*

- Should not have quotation (") marks, commas (,), or apostrophes (') or any other punctuation marks except hyphens (-) when a first name is hyphenated
- Names should not include nicknames
- There should not be any return/new line characters
- Should be in all capital letters

d. *Required Column Name:*

- [FNAME](#)

Middle Initial - A participant's middle initial, as shown in the agency file.

e. *Field should be blank when:*

- The participant does not have a middle name

f. *Data Entry Specifications:*

- Should not have quotation (") marks, commas (,), or apostrophes (') or any other punctuation marks
- Names should not include nicknames
- There should not be any return/new line characters
- Should be one character in length
- Should be in all capital letters
- Should be the first letter of the middle name

g. *Required Column Name:*

- [MI](#)

• **Last Name** - A participant's legal last name, as shown in agency file.

a. *This field should never be blank*

b. *Data Entry Specifications:*

- Should not have quotation (") marks, commas (,), or apostrophes (') or any other punctuation marks except a hyphen (-) for hyphenated last names
- Names should not include nicknames
- There should not be any return/new line characters
- Should be in all capital letters

c. *Required Column Name:*

- [LNAME](#)

Date of Birth - A participant's verified date of birth, formatted MM/DD/YYYY (i.e. 01/01/1902).

d. *This field should never be blank*

e. *Data Entry Specifications:*

- Should not have quotation (") marks, spaces (), commas (,), or apostrophes (') or other punctuation marks except forward slashes (/)
- There should not be any return/new line characters
- Should have a two digit month, a forward slash (/), a two digit day, a forward slash (/), followed by a four digit year
- Should not have a timestamp

f. *Required Column Name:*

- [DOB](#)

Social Security Number - A participant's complete Social Security Number, **with dashes** (i.e. 123-45-6789).

- g. This information will be used to calculate recidivism rates
- h. *This field should never be blank*
 - If the participant has an Alien status:
 - Social Security Numbers for these individuals should be submitted as zeros (i.e. 000-00-0000)
- i. *Data Entry Specifications:*
 - Should not have quotation (") marks, spaces (), commas (,), or apostrophes (') or other punctuation marks
 - There should not be any return/new line characters
 - Should be nine digits long **with** two hyphens (-)
- j. *Required Column Name:*
 - SSN

Most Serious Offense Level - A **two letter** variable representing the most serious offense an individual has been charged with.

- k. *Options:*
 - *MR* - Murder
 - *L1* - Level 1
 - *FA* - A Felony
 - *L2* - Level 2
 - *L3* - Level 3
 - *FB* - B Felony
 - *L4* - Level 4
 - *L5* - Level 5
 - *FC* - C Felony
 - *L6* - Level 6
 - *FD* - D Felony
 - *MA* - A Misdemeanor
 - *MB* - B Misdemeanor
 - *MC* - C Misdemeanor
 - *EX* - Expunged
 - *IN* - Infraction
 - *CH* - CHINS (juvenile ONLY)
 - Juvenile in need of service as determined by the Court
 - *PP* - Pre-adjudication Court Pending (juvenile ONLY)
 - A juvenile pending a dispositional hearing
 - *PA* - Post-adjudication
 - A juvenile is found guilty of committing a delinquent act
 - *PT* - Pretrial
 - A juvenile pending a dispositional hearing
 - *SO* – Status Offense (juvenile ONLY)
 - A juvenile offenses not categorized as a felony or misdemeanor
 - *CC* – Contempt of Court
 - An individual found in Contempt of Court
 - *CV* – Civil Offense
 - A participant is charged with a civil offense (i.e. Failure to pay Child Support)

l. *This field should never be blank*

m. *Data Entry Specifications:*

- Should not have quotation (") marks, spaces (), commas (,), or apostrophes (') or other punctuation marks
- There should not be any return/new line characters
- Should only be two characters in length
- Should be in all capital letters

n. *Required Export Column Name:*

- [HLOS](#)

Level Of Supervision/Evidenced Based Cognitive Program/Service – Text field specifying the Post-1006 **funded** Level Of Supervision/Evidenced Based Cognitive Program/Service the individual participated in:

o. *Only enter **one item** per line, if the individual was in multiple funded items please list each on a new line.*

p. *This field should never be blank:*

q. *Data Entry Specifications:*

- Should not have quotation (") marks, commas (,), or apostrophes (') or other punctuation marks
- There should not be any return/new line characters
- Should be in all capital letters
- Should be the official name and not include anything such as days, times, or items that are not a Level of Supervision or Evidenced Based Cognitive Program/Service

r. *Required Export Column Name:*

- [LOSPROG](#)

Start Date - The date a participant started the Level Of Supervision/Evidenced Based Cognitive Program/Service. This date is formatted MM/DD/YYYY (i.e. 01/01/2015).

s. *This field should never be blank:*

t. *Data Entry Specifications:*

- Should not have quotation (") marks, spaces (), commas (,), or apostrophes (') or other punctuation marks
- There should not be any return/new line characters
- Should have a two digit month, a forward slash (/), a two digit day, a forward slash (/), followed by a four digit year
- Should not have a timestamp

u. *Required Export Column Name:*

- [STDT](#)

End Date - The date a participant completed (successfully or not) the Level Of Supervision/Evidence Based Cognitive Program/Service. This date is formatted MM/DD/YYYY (i.e. 01/01/2015).

v. *This field should be blank when:*

- A participant is currently undergoing a Level Of Supervision/Evidenced Base Cognitive Program/Service and has yet to reach a completion status.
- Do not include projected end dates.

w. *Data Entry Specifications:*

- Should not have quotation (") marks, spaces (), commas (,), or apostrophes (') or other punctuation marks

- There should not be any return/new line characters
 - Should have a two digit month, a forward slash (/), a two digit day, a forward slash (/), followed by a four digit year
 - Should not have a timestamp
- x. *Required Export Column Name:*
 - [ENDDT](#)
- **Completion Type** - A **two letter** variable defining a participant's type of Level Of Supervision /Evidence based Cognitive Program/Service completion. All Level Of Supervision end types should be recorded.
 - a. *Options:*
 - [AA](#) - Active
 - A person still actively enrolled in the funded Level of Supervision or Evidenced Based Cognitive Program/Service
 - [CC](#) - Completed
 - A person who was discharged for the funded treatment program/service or Level of Supervision without a violation or revocation that terminated the person's participation
 - [NC](#) - Did not Complete
 - A person who was terminated from the funded Level of Supervision or Evidenced Based Cognitive Program/Service due to a new arrest or other violation
 - b. *This field should be blank when:*
 - A participant is currently undergoing a Level Of Supervision/Evidenced Base Cognitive Program/Service and has yet to reach a completion status
 - c. *Data Entry Specifications:*
 - Should not have quotation (") marks, spaces (), commas (,), or apostrophes (') or other punctuation marks
 - There should not be any return/new line characters
 - Should be two characters in length
 - Should be in all capital letters
 - d. *Required Export Column Name:*
 - [CSTAT](#)
- **Employment Status** – The status of employment on the end date of the Level of Supervision/Evidenced Based Cognitive Program/Service. Legal employment is considered any employment resulting in the withholding of taxes.
 - a. *Options:*
 - [Y](#) – Yes
 - [N](#) - No
 - b. *This field should be blank when:*
 - A participant is currently undergoing a Level Of Supervision/Evidenced Base Cognitive Program/Service and has yet to reach a completion status
 - c. *Data Entry Specifications:*
 - Should not have quotation (") marks, spaces (), commas (,), or apostrophes (') or other punctuation marks
 - There should not be any return/new line characters
 - Should only be one character in length

- Should be in all capital letters
- d. *Required Export Column Name:*
- [EMPSTAT](#)

SECTION III: REPORT FORMAT

Please Note: Below is an example of how the .csv sheet should appear. The agency is responsible for ensuring the data is accurate and filled out to formatting standards. If the information is not formatted correctly the individual may not be counted by the analysis program and the agency would not receive credit for that individual. For questions pertaining to if something should be reported in the .csv file, versus a narrative, please contact your Program Director. For questions regarding Syncplicity please contact the DOC Community Corrections data contact.

FNAME	MI	LNAME	DOB	SSN	HLOS	LOSPROG	STDT	ENDDT	CSTAT	EMPSTAT
JOHN	E	DOE	01/03/1987	111-11-1234	FA	MRT	03/04/2017	04/05/2018	CC	Y
JOHN	E	DOE	01/03/1987	111-11-1234	FA	EM	03/04/2017		AA	
JANE	W	DOE	05/06/1968	987-65-4321	L6	EM	01/01/2016	03/03/2017	NC	N
DON	Y	DOE	07/20/1969	874-96-2154	L6	THINKING FOR A CHANGE	01/20/2017		AA	